Ple	UNIFORM HAZARDO S 1 Conerator SUSEPA ID NO WASTE MANIFEST 1	0-5199	selifest ment No.	2.Page	is not	tion in th require	ne shaded areas ed by Federal		
	3. Generator's Name and Mailing Address Return to Generator  Douglas Aircraft Company 190th Street & Normandie Avenue - Torrance, CA 905023 4. Generator's Phone ( )				A State Manifest Document Number 84351212  B. State Generator's ID				
	J. C. Liquid Waste Disposal C A D 0 5 1  7. Transporter 2 Company Name 8. US E	C. State Transporter's ID  D. Transporter's Phone (213) 268-3137  E. State Transporter's ID  F. Transporter's Phone  G. State Facility's ID							
	Casma I fa				CAVO20748/05 H.Facility's Phone				
G	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and	ID Number)		Type	13. Total Quantity	14. Unit Wt⁄Vol	l. Waste No.		
NERA	Waste Hazardous Waste Liquid N.O.S. ORN-E UN 9189	·	001	TT	04500	G	461		
T O R	<b>b.</b>								
	<b>c.</b>					285/(40/2224)			
	d.								
	J Additional Descriptions for Meterials Listed Above Paint Silving 10% Mathylens Chioride 2% Bio Degradable Coolant 3% Water 85%			K, Hand	lling Codes for		Listed Above		
	Use gloves, goggles, respirator.  Do not go near open flame or inhale fumes.  Woth 51557								
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  Date								
Y	Printed/Typed Name  Donald C. Gerber  Signature	Donal		Yes	ver	, ,	Nonth Day Year		
TRANSP	17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  MUKKNY ScWSLCA  Thum	ws 50	Lie	4	5155		Date  Nonth Day Year  G / O S S		
ORTER	18. Transporter 2 Acknowledgement or Receipt of Materials  Painted/Typed Name  ALLIA TANNER  Signature	ah Ja	nu		1000	 	Date  ### Date  ### Day Year  ### Day Year		
FACIL	19. Discrepancy Indication Space				· · · · · · · · · · · · · · · · · · ·				
7	20. Facility Owner or Operator: Certification of receipt of hazardous material tem 19. # 368/5 - 50,040 /05		y this ma	nifest e		Γ	Date		
	Printed/Typed Name CAS. RES. Eden Baufista 9	den	Pa	af	WED I	MAS	April Day Year		

DHS 8022 A (7/84) (EPA 8700-22)

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS



Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS  1. Generato	cument No. I	2. Page 1 Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address			A State Manifest Document Number						
Douglas Aircraft Company 190th Street & Normandie Avenue - 4. Generator's Phone ( ) 5. Transporer 1 Company Name	D23 B.St	B.State Generator's ID  C.State Transporter's ID							
7. Transporter 2 Company Name	mber E.St	insporter's Ph ate Transporte insporter's Ph	r's 10 14 mars 14						
9. Designated Facility Name and Site Address 10. US EPA ID Number G.State Facility's ID  Casmalla P.O. Box E, NTU Road Casmalla, CA 93429									
11. US DOT Description (Including Proper Shipping Name	e, Hazard Class, and ID Numb	12.Containers er) No. Type	13. Total Quantity	14. Unit Wt∕Vol Waste No.					
a. Waste Hazardous Waste Liquid N.O.	S. ORM-E UN 9189	00111	04500	6 461					
b.				Ŷ.					
<b>C.</b>									
d.									
J. Additional Descriptions for Materials Listed Above Paints Studies 16/2 Nethylane Chloride 25 Bio Degradebie Copiant 35 Nater 666				or Wastes Listed Above					
Use gloves, goggles, respirator. Do not go near open flame or inhal	31								
above by proper shipping name and are classified, pack	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  Date								
Printed/Typed Name  Donald C. Serber	Signature	M. M.	Ken	Month Day Year					
Printed/Typed Name  Signature  Market State Stat									
18 Transporter 2 Acknowledgement or Receipt of Ma Printed/Typed Name	Date Month Day Year								
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of Item 19.	Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in later 19.								
Printed/Typed Name	Signature			Month Day Year					

SCANNED